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PTO/SB/01 (12-97)
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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	2003P14907US
	First Named Inventor	Mary Anne Alvin
	COMPLETE IF KNOWN	
	Application Number	TBA /
	Filing Date	September 26, 2003
	Group Art Unit	TBA
Examiner Name	TBA	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CATALYTIC COMBUSTORS

the specification of which
☒ is attached hereto
OR
☐ was filed on (MM/DD/YYYY) [] as United States Application Number or PCT International Application Number [] and was amended on (MM/DD/YYYY) [] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number

OR

☒ Registered practitioner(s) name/registration number listed below

Place Customer
Number Bar Code
Label here

Name	Registration Number	Name	Registration Number
Daniel C. Abeles	25,822	Erik C. Swanson	40,194

☒ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☐ Customer Number OR ☐ Correspondence address below

Name	Elsa Keller		
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Address	186 Wood Avenue South		
City	Topanga	State	CA
		ZIP	08830
Country	USA	Telephone	732-321-3026
		Fax	732-321-3014

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
MARY ANNE		ALVIN	
Inventor's Signature	<i>Mary Anne Alvin</i>		Date
			2003 Sept 19
Residence: City	Pittsburgh	State	PA
		Country	US
		Citizenship	US
Post Office Address	113 Lehr Avenue		
Post Office Address			
City	Pittsburgh	State	PA
		ZIP	15223
		Country	US

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet

Page 1 of 2

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor											
Given Name (first and middle [if any])				Family Name or Surname											
BASIL				MUCHA											
Inventor's Signature					Date		9/22/03								
Residence: City		Wayne		State		PA		Country		Citizenship					
Post Office Address		1010 Hedgerow Circle													
Post Office Address															
City		Wayne		State		PA		ZIP		19087		Country		US	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor											
Given Name (first and middle [if any])				Family Name or Surname											
JAMES				KLOTZ											
Inventor's Signature		<i>see next page</i>						Date							
Residence: City		Quakertown		State		PA		Country		Citizenship		US			
Post Office Address		7700 Richland Town Road													
Post Office Address															
City		Quakertown		State		PA		ZIP		18951		Country			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor											
Given Name (first and middle [if any])				Family Name or Surname											
Inventor's Signature								Date							
Residence: City				State				Country		Citizenship					
Post Office Address															
Post Office Address															
City				State				ZIP				Country			

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>2</u>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
BASIL		MUCHA	
Inventor's Signature	<i>see previous page</i>		Date
Residence: City	Wayne	State PA	Country
Post Office Address 1010 Hedgerow Circle			
Post Office Address			
City	Wayne	State PA	Country US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
JAMES		KLOTZ	
Inventor's Signature	<i>James Klotz</i>		Date 9/22/03
Residence: City	Quakertown	State PA	Country US
Post Office Address 7700 Richland Town Road			
Post Office Address			
City	Quakertown	State PA	Country US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature			Date
Residence: City		State	Country
Post Office Address			
Post Office Address			
City		State	Country

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DECLARATION		REGISTERED PRACTITIONER INFORMATION (Supplemental Sheet)	
Name	Registration Number	Name	Registration Number
DANIEL C. ABELES	25,822	JEFFREY P. MORRIS	25,307
BRIJ K. AGARWAL	43,507	PASQUALE MUSACCHIO	36,876
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DEBRA Z. ANDERSON	44,506	CARL NAPOLITANO	37,405
JOSEPH W. BAIN	34,290	NORMAN A. NIXON	33,573
TERRENCE M. BRENNAN	42,360	FRANK J. NUZZI	42,944
ALEXANDER J. BURKE	40,425	DONALD B. PASCHBURG	33,753
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JOSEPH S. CODISPOTI	31,819	CHRISTOPHER F. REGAN	34,906
GRANT E. COFFIELD	52,758	BENJAMIN M. RUBIN	44,310
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MICHAEL K. DIXON	46,665	LAURA M. SLENZAK	35,363
HENRY J. GROTH	39,696	DANIEL J. STAUDT	34,733
RICHARD A. HINSON	47,652	ERIK C. SWANSON	40,194
KIRK D. HOUSER	37,357	HEATHER S. VANCE	39,033
MARK H. JAY	27,507	MICHAEL J. WALLACE, JR.	44,486
DAVID C. JENKINS	42,691	RICHARD K. WARTHER	32,180
NELI R. JETTER	46,803	JOHN F. WOODSON, II	45,236
BRIAN K. JOHNSON	46,808	MARK M. ZYLKA	48,518
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JENNY G. KO	44,190		
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DAVID MAIRE	34,865		
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RICHARD V. WESTERHOFF	24,454		

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